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BIPARTISAN GROUP OF 22 HOUSE MEMBERS ASK CMS TO STOP PREPAYMENT REVIEW PROJECT THAT WOULD JEOPARDIZE CARE FOR MEDICARE BENEFICIARIES

WASHINGTON-A group of 22 bipartisan House Members yesterday wrote to the Centers for Medicare and Medicaid Services (CMS) asking the agency to stop their prepayment review project that could limit access to mobility assistance for Medicare beneficiaries.

The lawmakers, who included Rep. Bill Flores (R-TX) and Rep. Edolphus Towns (D-NY), cited potential job losses, restricted access to mobility equipment for Medicare patients and lack of sufficient notice among the reasons for CMS to halt the ill-conceived project.

CMS wants to require “prepayment review” for all Medicare power wheelchair claims in seven states – California, Florida, Illinois, Michigan, New York, North Carolina, and Texas – starting January 2, 2012. This will affect nearly half of all Medicare beneficiaries who require power mobility. Stakeholders representing clinicians, people living with disabilities, and providers of power wheelchairs were all stunned by the November 15th announcement of the program.

In a letter to Marilyn Tavenner, the CMS acting administrator, the lawmakers said that while they applaud the agency’s efforts to fight waste and abuse, they cited several major drawbacks to the prepayment program, including the broad scope of the project and the minimal notice given to affected stakeholders.

“...we have many concerns with enacting a demonstration project of this size with minimal notice to the affected stakeholders,” the lawmakers wrote. “Such a project could result in significant job losses and jeopardize seniors’ access to this important Medicare benefit.”

The lawmakers noted that Congress and CMS have already significantly reduced pricing for power mobility devices, increased program integrity requirements for Medicare suppliers, enacted a competitive bidding program and a year ago converted standard

power wheelchairs to a 13-month rental system, which is requiring businesses to obtain substantial capital to continue operating.

“Including a demonstration project to the requirements already in place could harm seniors that depend on the durable medical equipment to live independently in their homes,” the lawmakers wrote. “Additionally, taking a one-size-fits-all approach adds burdensome regulations to good-standing providers and threatens jobs. We encourage you to halt the prepay review demonstration project due to the potential threats to businesses, jobs and seniors’ access to care.”

Furthermore, the House members recommended that CMS work with the stakeholders, including physicians, beneficiaries, and suppliers, to develop a program that restores access “to these invaluable products and services without impacting legitimate businesses.”

In addition to Reps. Towns and Flores, the letter was signed by Rep. Henry Cuellar, PH.D, (D-TX), Rep. Lamar Smith (R-TX), Rep. Ted Poe (R-TX), Rep. Patrick McHenry (R-NC), Rep. Bruce Braley (D-IA), Rep. Michael Burgess, M.D., (R-TX), Rep. Brian Higgins (D-NY), Rep. Mark S. Critz (D-PA), Rep. Corrine Brown (D-FL), Rep. Peter King (R-NY), Rep. Tom Marino (R-PA), Rep. Joseph Crowley (D-IL), Rep. Todd Young (R-IN), Rep. Charles Rangel (D-NY), Rep. David Rivera (R-FL), Rep. Glenn Thompson (R-PA), Rep. Kay Granger (R-TX), Rep. Lou Barletta (R-PA), Rep. Jason Altmire (D-PA) and Rep. Todd Rokita (R-IN).

Organizations representing the aged and disability communities, as well as home medical equipment providers, are calling on Congress to stop the prepayment program. In fact, the United Spinal Association said the demonstration project will further endanger people living with disabilities who need mobility assistance.

“The process for receiving a power wheelchair has already become burdensome for Medicare beneficiaries and their physicians,” said Paul Tobin, president and CEO of United Spinal Association. “There are parts of the country where Medicare patients have to do business with reluctant providers who are hundreds of miles away. This demonstration project will make it harder for them to receive the wheelchair they need for everyday mobility. We will be urging our members to contact their congressmen and put a stop to this project.”

Tyler Wilson, CEO and President of the American Association for Homecare, called it “inconceivable” that CMS would spring this change on the power mobility users and

providers knowing that medical equipment providers are struggling to adjust to the 13-month rental policy, which has already caused many providers to leave the business.

“CMS moved unilaterally with no notice to Congress, Medicare beneficiaries, or the power mobility community,” Wilson said. “Their actions will ration medically necessary items and services to Medicare beneficiaries and will actually increase health care costs. Studies show that beneficiaries with limited mobility who don’t receive power wheelchairs require more medical treatment, additional skilled services and may even have to be admitted to expensive care facilities and nursing homes.”

The American Association for Homecare represents providers of durable medical equipment and services who meet the healthcare needs of millions of Americans who require oxygen equipment and therapy, wheelchairs and mobility assistive technologies, medical supplies, inhalation drug therapy, and other medical equipment and services in their homes. Members provide homecare in all 50 states.

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